

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 122

Primary Registration District No. 2000

Registrar's No. 1563

STATE FILE NUMBER 63-043521

FILED NOV 18 1963

1. PLACE OF DEATH

a. COUNTY Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Springfield, Mo

Length of stay in lb

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION St. Johns Hospital

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY Howell

c. CITY OR TOWN Mtn. View

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First Imogene Middle V. Last Harrison

4. DATE OF DEATH  
Month November Day 11 Year 1963

5. SEX  
F.

6. COLOR OR RACE  
W.

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
10/20/03

9. AGE (last birthday)  
60

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
Keo Kuk, Iowa

12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

William Rose

13b. MOTHER'S MAIDEN NAME

Valeria Smith

14. NAME OF HUSBAND OR WIFE

Edwin E. Harrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.  
Yes

17. INFORMANT  
Address Edwin E. Harrison Marshfield, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Quantitative cervical.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Spontaneous spinal cord with

DUE TO (c)

quadriplegia past 10 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Colon ileus - marked distension

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour 10:30 a.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from May 1963 to 11-11-63 and last saw her alive on 11-11-63  
Death occurred at 10:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

G. Terrell M.D. (Degree or title)

Springfield Mo

22c. DATE SIGNED  
11/13/63

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

23b. DATE  
11/13/63

23c. NAME OF CEMETERY OR CREMATORY  
Greenlawn Cem

23d. LOCATION (City, town, or county)  
Mtn. View, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Duncan Funeral Home Mtn. View, Mo

25. DATE RECD. BY LOCAL REG.

11-15-63

26. REGISTRAR'S SIGNATURE

Bernice Bradley

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59  
1 0397  
2 0460  
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9 1931  
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12 4-0  
13

NOV 21 1963

11-11-63

**-STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*James G. Lopez*

Licensed Embalmer No. *5257*

P. O. Address

*Springfield, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.